

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

**10/517563**

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4		1				
5		1				
6		0				
7		0				
8		0				
9		0				
10		0				
11		0				
12		0				
13		0				
14		1				
15		1				
16		2				
17		2				
18		2				
19		2				
20		0				
21		0				
22		0				
23		0				
24		0				
25		0				
26		0				
27		0				
28		0				
29		0				
30		0				
31		0				
32		0				
33		0				
34		0				
35		0				
36		0				
37		0				
38		0				
39		0				
40	1					
41		1				
42		1				
43		1				
44		1				
45		0				
46		0				
47		0				
48		0				
49		0				
50		0				
TOTAL IND.	2					
TOTAL DEP.		86				
TOTAL CLAIMS						

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		0				
52		0				
53		1				
54		1				
55		2				
56		2				
57		2				
58		2				
59		0				
60		0				
61		0				
62		0				
63		0				
64		0				
65		0				
66		0				
67		0				
68		0				
69		0				
70		0				
71		0				
72		0				
73		0				
74		0				
75		0				
76		0				
77		0				
78		0				
79						
80						
81						
82						
83						
84						
85						
86						
87						
88						
89						
90						
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS